

ALGONQUIAN DISTRICT
PIXIE CAMP APPLICATION

Instructions and information

Pixie camp is available for those parents who are walking with Scouts yet have smaller sons, or daughters, to care for. The cost is **\$10.00 per day for each pixie**, and \$5.00 for each additional child. Pixies **must be potty trained**, and the parent **must remain on the premises** during the time the child is in camp. Pixie camp is supervised by qualified volunteers with the help of teenage assistants. There are crafts, activities, and snacks provided throughout the day for your pixie's enjoyment. A camp t-shirt may be purchased for your pixie by ordering an additional shirt on the scout's application.

Pixie's Name _____ Age _____ Male/Female
Address/City/State/Zip _____

Hm Phone _____ Cell Phone _____ Pack # of Brother _____

Days attending camp: (circle) **Tues. a.m. Tues. p.m. Wed. a.m. Wed. p.m. Thurs. a.m. Thurs. p.m. Fri. p.m.**

Brother's name (scout attending camp): _____ (circle rank in the fall) wolf/bear/webelos

Emergency Information

In case of emergency notify _____ relationship _____ Telephone _____

Other contact _____ Telephone _____

Personal Insurance Company _____ Policy # _____

Family Doctor _____ Telephone _____

Health History

Check all items that apply, past or present. Explain any checked answers using the back of this form if necessary.

Allergies: Food, medications, bee stings, insects, or plants _____ Explain: _____

High Blood Pressure _____ Asthma _____ Convulsions/seizures _____ Heart trouble _____

Cancer/leukemia _____ Diabetes _____ Fainting Spells _____ Hemophilia _____

Kidney disease _____ ADHD _____ Hearing impairment _____ Other _____

List any medications you will be taking at camp: _____

List any physical or behavioral conditions that may affect or limit full participation _____

List any special needs or equipment used such as a wheel chair, crutches, glasses, contacts _____

Authorization

This health history is correct so far as I know and I will be able to engage in all prescribed activities, except as noted by me. In the event of illness in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Parent Signature: _____ **Date:** _____

Please indicate your willingness to assist in supervising pixie camp: Yes No,
I must walk with my group

Comments: If this child has attended camp as a pixie previously and you have a comment or suggestion, or, you have something you would like us to know about this child, please use this space to offer your remarks.

Office Use Only
Paid:
Tues Wed Thur Fri
Initials:

Please attach this form to the Cub Scout application and turn all forms into your Pack's Camping Coordinator

For more information contact: Tami Platz 574-233-3379

**ALGONQUIAN DISTRICT
CUB SCOUT APPLICATION**

Name _____ Nickname _____ Pack # _____

Parent's Name _____ Will a parent be serving as a walker? Yes No

Address/City/State/Zip _____

Hm Phone _____ Cell Phone _____ Parent's Email _____

Age as of first day of camp _____ Grade in school next fall _____ Scout Rank in fall _____

This scout will be walking with other: Tigers Wolves Bears Webelos

Please Note: TIGER CUBS MAY ONLY ATTEND CAMP WITH AN ADULT PARTNER PRESENT!

If Tiger Cub, name of adult partner attending camp with scout _____

Days attending camp: (circle) **Tues** a.m. **Tues**. p.m. **Wed**. a.m. **Wed**. p.m. **Thurs**. a.m. **Thurs**. p.m. **Fri**. p.m.

Emergency Information

In case of emergency notify _____ relationship _____ Telephone _____

Other contact _____ Telephone _____

Personal Insurance Company _____ Policy # _____

Family Doctor _____ Telephone _____

This scout may leave camp with the following people: _____

Health History

Check all items that apply, past or present. Explain any checked answers using the back of this form if necessary.

Allergies: Food, medications, bee stings, insects, or plants _____ Explain: _____

High Blood Pressure _____ Asthma _____ Convulsions/seizures _____ Heart trouble _____

Cancer/leukemia _____ Diabetes _____ Fainting Spells _____ Hemophilia _____

Kidney disease _____ ADHD _____ Hearing impairment _____ Other _____

List any medications you will be taking at camp: _____

List any physical or behavioral conditions that may affect or limit full participation _____

List any special needs or equipment used such as a wheel chair, crutches, glasses, contacts _____

Authorization

This health history is correct so far as I know and I will be able to engage in all prescribed activities, except as noted by me. In the event of illness in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Parent Signature: _____ **Date:** _____

Fees: By May 15 \$45.00 May 16-31 \$55 June 1-Camp \$65

_____ Registration fee

T-Shirts Requested – 1 Shirt FREE - \$7.00 each add.	
Item	Number Ordered
Boys Medium (10-12)	
Boys Large (14-16)	
Adult Small (32-34)	
Adult Medium (36-38)	
Adult Large (40-42)	
Adult XL (44)	
Adult XXL (46)	
Adult 3, 4, 5 XL	
Total Number of Shirts	

_____ + \$1.00 for each additional patch desired

_____ + \$7.00 for each additional t-shirt desired

_____ + \$10.00 per day for each pixie camper

_____ Total fees attached

Please indicate the t-shirt sizes you are requesting on the table to the right!

ALGONQUIAN DISTRICT
WALKER APPLICATION

Instructions and information

Each pack sending scouts to camp MUST provide an adult partner for each tiger cub, 2 adults to walk with the wolves/bears AND 2 adults to walk with the webelos EACH DAY. Packs that do not send adequate walkers may not be able to participate in camp! Adults may take a.m. and p.m. shifts by checking into camp at the lodge. Adults may purchase a camp t-shirt by ordering an additional shirt on the scout application form. Upon arrival at camp, walkers will assist their scouts in finding the bag with their camp shirts and nametags, then locating the flags for the groups the scouts have been assigned to. Maps, schedules, and identification will be provided to walkers at opening ceremony.

Name _____ Pack # _____ Age _____

Address/City/State/Zip _____

Hm Phone _____ Cell Phone _____ Email _____

Have you served as an adult walker previously? _____

Would you be interested in helping at a station as a staff member? _____ Station preferred _____

Days attending camp: (circle) **Tues** a.m. **Tues**. p.m. **Wed**. a.m. **Wed**. p.m. **Thurs**. a.m. **Thurs**. p.m. **Fri**. p.m.

Pixie campers attending with you (\$10 per day per pixie): _____

Scout you will be walking with: _____ (circle rank in the fall) tiger/wolf/bear/webelos

Emergency Information

In case of emergency notify _____ relationship _____ Telephone _____

Other contact _____ Telephone _____

Personal Insurance Company _____ Policy # _____

Family Doctor _____ Telephone _____

Health History

Check all items that apply, past or present. Explain any checked answers using the back of this form if necessary.

Allergies: Food, medications, bee stings, insects, or plants _____ Explain: _____

High Blood Pressure _____	Asthma _____	Convulsions/seizures _____	Heart trouble _____
Cancer/leukemia _____	Diabetes _____	Fainting Spells _____	Hemophilia _____
Kidney disease _____		Hearing impairment _____	Other _____

List any medications you will be taking at camp: _____

List any physical or behavioral conditions that may affect or limit full participation _____

List any special needs or equipment used such as a wheel chair, crutches, glasses, contacts _____

Authorization

This health history is correct so far as I know and I will be able to engage in all prescribed activities, except as noted by me. In the event of illness in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature: _____ **Date:** _____

Comments: If you have attended camp as a walker previously, and would like to make a comment or suggestion prior to this year's camp, please use this space to do so.

Please attach this form to the Cub Scout application and turn all forms into your Pack's Camping Coordinator
For more information contact: Tami Platz at 574-233-3379.